

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 03/06/01?
- b. The request was received on 02/06/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/06/02
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution dated 02/11/02
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The dispute packet contains the request from the Provider stamp dated 02/06/02 and the Carrier response stamped dated 02/11/02. There is not a sign sheet from the Carrier, and no 14 day response from the provider or carrier. F&D will be based on the parties initial packet.

III. PARTIES' POSITIONS

1. Requestor:

- a. "This service meets the requirements for [Subchapter B {Sec.408.201 {]. The provided documentation supports treatment to the compensable injury and the medical necessity. Injured employees are entitled to the reasonable and necessary benefits for the duration of the injury, and the HCP has met these guidelines. No other issues may be brought to the table regarding this dispute. I submit this is a legitimate service and deserves full reimbursement from the carrier for \$64.00." The provider is seeking reimbursement in the amount of \$64.00 for the date of service 03/06/010.

2. Respondent:

- a. "A review of the requestor's medical report of the disputed service(s) reveals that only two separate motor nerves were tested. The report only documents results of the left median nerve and left ulnar motor nerve. There is no result of a left ulnar nerve, and there is nothing to suggest that a radial motor nerve was tested. There was a radial sensory nerve tested, but not a radial motor nerve. The numbers [sic] of sites along the nerve do not count separately. The health care provider billed CPT code 95900, which is found on page 58 of the April 1, 1996 edition of the Texas Workers' Compensation Commission's Medical Fee Guideline. The descriptor for CPT Code 95900 specifically states, 'nerve conduction, velocity and/or latency study; motor each nerve.' The health care provider inappropriately billed for three motor nerves, and was appropriately reimbursed for two motor nerves, in accordance with the guidelines adopted by the Texas Workers' Compensation Commission." The carrier denies additional reimbursement for the date of service 03/06/01 as F-"This service is included in another service performed on the same date."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/06/01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/06/01	95900	\$378.00 (3 nerves)	\$128.00	F	\$64.00 (each nerve)		<p>The carrier has denied the charges in dispute as "F-“This service is included in another service performed on the same date.” The carrier’s response is timely and no other EOB’s or readits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>CPT Code 95900 is used for Nerve Conduction studies (motor). This code is reimbursed per nerve. The provider billed for three motor nerves with the CPT code 95900. The MFG’s description of this CPT code is “Nerve conduction, velocity and/or latency study; motor, each nerve.” The documentation submitted by the requestor indicates that the number of motor nerves tested were two not three. The documentation indicates that the left radial nerve tested was sensory not motor. Therefore, additional reimbursement is not recommended.</p>
Total		\$378.00	\$128.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 16th day of May 2002.

Michael Bucklin, LVN
 Medical Dispute Resolution Officer
 Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.